

## **Community Eligibility Provision Participation – Site Declaration**

Use this form to indicate the school(s) in the SFA that will participate in CEP. When participating as a site, the site will have its own claiming percentage. If participating as a group, indicate the group number and sites within that group. Each group will have a claiming percentage that will be used for all sites in that group.

Submit this form with the Enrollment List for each site/School as of anytime between April 1 and June 30 (in accordance with the current CEP Waiver Deadlines) and the direct certification documentation for all identified students so the State Agency may validate the Identified Student Percentage for each site wishing to begin CEP.

SFA/Supervisory Union Name			LEA Number	
Individual Site	es .		<b>'</b>	
		Number of		
		Identified Students		
		anytime between		
		April 1 and June	Total	Direct
Site		30, 2020	Enrollment	Certification
Number	Name of School/Site	(Directly Certified)	of Students	Rate
1				
2				
3				
Group Sites				
		Number of		
		Identified Students		
		anytime between		
Group		April 1 and June	Total	Direct
Number, if		30, 2020	Enrollment	Certification
applicable	Name of Group/Sites	(Directly Certified)	of Students	Rate
	OP 1 0 1 1			
Printed Name of	SFA Contact:	Tel. Nu	mber:	